# CENTRAL FAX CENTER

DEC 0 9 2005

4505

PTO/SB/97 (12-97)
Approved for use through 9/30/00. OM8 0651-0031
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Index the Paperwork Reduction Act of 1986, No persons are required to respond to a collection of information unless it contains a valid CMMS control numb

David Skirmont et al.

Case: P4505 Art Unit: 2665

Application No.: 09/663,869

Subject:

Roberta A. Shand

Filing date: 09/15/2000

Router-Level Automatic Protection Switching

Examiner

#### Certificate of Transmission under 37 CFR 1.8

Attention:

Roberta A. Shand , Examiner

Fax No.: (571) 273-8300

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office

on 12/09/2005

Date

Sheri Beasley

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

#### Total Sheets Transmitted - 10

- Amendment Transmittal 1 sheet
- Duplicate Amendment Transmittal 1 sheet
- Response E 7 sheets
- Certificate of Transmission 1 sheet

Please call (831) 726-1457 if you have any questions.

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DEC 0 9 2005 Method of Transmission: Facsimile CASE DOCKET NO. P4505 In reference to application of David Skirmont et al. Serial No. 09/663,869 For Router-Level Automatic Protection Switching Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312. No additional fee is required. Applicant claims Small entity status under 37 CFR 1.27. The fee has been calculated as shown below. \*\*\*\* CLAIMS AS AMENDED \*\*\*\* (1) (2) (3) (4) (5) (6) (7) (8) Claims Remaining Highest No. Paid Present Rate Rate Additional After Amendment For Previously Extra Small Large Fee Entity Entity Total Minus 20 \$ 20 \$ 0 25 50 0.00 Claims Indep 3 Minus \$ 100 \$ \$ Ð 200 0.00 Claims First presentation of a multiple dependent claim \$ 0 \$ 0 0.00 Terminal Disclaimer Fees 0.00 \$ Extension Fee ☐ 1st Month 2nd Month 3rd Month 0.00 Total additional for claims, time extensions and disclaimer fees 0.00 \*\* If the "highest Number Previously Paid For" in this snace is less than 20, write "20" in this sna

*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.  **** Multiple dependencies, if any, included in the above calculation.  * If the entry in column 2 is less than the entry in column 4, write "O" in column 5.
A check in the amount of 0.00 is attached.
Charge \$ 0.00 to deposit account 50-0534 (A duplicate of this sheet is enclosed)
✓ Please charge any additional fees or credit overpayment to Deposit Account
$\mathcal{L}$

Respectfully Submitted,

Reg. No. 35074

Central Coast Patent Agency, Inc. P.O. Box 187 Aromas, CA 95004 (831) 726-1457

Method of Transmission: Facsimile CASE DOCKET NO. P4505									
					•	LASE DOCK	EINO. 1	P4505	
			David Skirr	nont et al.					
Serial No. 09/663,869									
For Router-Level Automatic Protection Switching									
Sir:									
Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.									
✓ No additional fee is required.  Applicant claims Small entity status under 37 CFR 1.27.  The fee has been calculated as shown below.									
**** CLAIMS AS AMENDED ****									
(1)		(2)	(3)	(4)	(5)	(6)	. (7)	(8)	
		s Remaining Amendment		Highest No. Paid For Previously	Present Extra	Rate Small Entity	Rate Large Entity	Additional Fee	
Total Claims		20	Minus	** 20	0	\$ <sub>25</sub>	\$ <sup>.</sup> 50	\$ 0.00	
Indep Claims	3		Minus	*** 3	0	\$ 100	\$ 200	\$ 0.00	
Fi	\$ 0.00								
Terminal Disclaimer Fees								\$ 0.00	
Extension Fee		☐ 1st Month		2nd Month		☐ 3rd Month		\$ 0.00	
	\$ 0.00								
** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.  *** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.  **** Multiple dependencies, if any, included in the above calculation.  * If the entry in column 2 is less than the entry in column 4, write "O" in column 5.  A check in the amount of 0.00 is attached.  Charge \$ 0.00 to deposit account 50-0534 (A duplicate of this sheet is enclosed)									
Please of is enclosed	charge an	y additional f	es or credit o	overpayment to Depo	osit Account	50-0534	A duplicat	e of this sheet	
Respectfully Submitted,  Donald R. Boys Reg. No. 35074  Central Coast Patent Agency, Inc.  1.0. Box 187  Aromas, CA 95004  831) 726-1457									

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit: 2665

Examiner: Shand, Roberta A.

In Re:

David Skirmont et al.

Case:

P4505

Serial No.: Filed:

09/663,869 09/15/2000

Subject:

Router-Level Automatic Protection Switching

Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450

Dear Sir:

## **Response E**